

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004880

FILED  
Feb 07, 2011  
Secretary of State

Entity Name: WESTSHORE CAPITAL GPMM INC.

**Current Principal Place of Business:**

400 N. ASHLEY DRIVE  
SUITE 2610  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

550 SOUTH DIXIE HIGHWAY  
SUITE 300  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-5136086      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PC  
Name: MALIZIA, DAVID J  
Address: RIVERGATE TWR, STE 2610 ; 400 N ASHLEY DR  
City-St-Zip: TAMPA, FL 33602

Title: VC  
Name: KRUSEN, ANDREW  
Address: 712 S. OREGON AVE - STE 200  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: POWELL, EARL W  
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300  
City-St-Zip: CORAL GABLES, FL 33146

Title: S  
Name: GERSHMAN, DAVID  
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300  
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID GERSHMAN

SCTY

02/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date